



Louisiana Board of Pharmacy

3388 Brentwood Drive
Baton Rouge, LA 70809-1700
www.pharmacy.la.gov



Application for Board Approval of Pharmacy Technician Training Program

Instructions: Please review the following documents prior to submitting this application:

(1) *Pharmacy Technician Training Program Minimum Competencies*, and

(2) *Chapter 9 – Pharmacy Technicians* in the Board's regulations.

Both of these documents may be accessed at the Board's website at www.pharmacy.la.gov.

Section 1 – Identification of Program Sponsor

Name of Program:	
Name of Program Administrator:	Administrator Phone Number:
Name and Address of Program's Sponsoring Organization	

Section 2 – Required Attachments

- 1) Copy of curriculum, training manual, and/or any other information that will demonstrate program's consistency with the Board's minimum competencies document.
- 2) Reference copy of your program's *Proof of Enrollment* document.
- 3) Reference copy of your program's *Certificate of Completion* document.
- 4) Information as to the number of hours of practical experience required for your student to receive your Certificate of Completion.
- 5) In the event the program is not located within a pharmacy licensed by the Board, please include copies of affiliation agreements with pharmacies where students will earn the hours of experience.

Section 3 – Certifications

- 1) I certify that our program's curriculum is designed to enable a successful candidate to meet or exceed the minimum competencies established by the Board.
- 2) I certify that our program will not assist any candidate in the submission of a fraudulent application to the Board.
- 3) I certify that our program will notify the Board when a candidate is no longer satisfactorily progressing in our program.

On behalf of the sponsoring organization identified above, I hereby make application to the Board for approval of our pharmacy technician training program. We enclose all the required attachments. My signature below reflects my understanding and acceptance of the certification statements made hereinabove.

Original Signature of Program Administrator

Date